

EXHIBIT B

B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor MOTORS LIQUIDATION COMPANY (F/K/A General Motors Corp.)		Case Number 09-50026
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		
Name of Creditor (the person or other entity to whom the debtor owes money or property) MARVIN ECHOLS		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim
Name and address where notices should be sent P.O. BOX 2211 BAY CITY, MICHIGAN 48707		Court Claim Number _____ (if known)
Telephone number 1-989-529-3937		Filed on _____
Name and address where payment should be sent (if different from above) FILED - 44240 MOTORS LIQUIDATION COMPANY F/K/A GENERAL MOTORS CORP SDNY # 09-50026 (REG)		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars
Telephone number SDNY # 09-50026 (REG)		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case
1 Amount of Claim as of Date Case Filed Estimated Value to Replace my 1986 Cadillac Deville / Fleetwood If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4 GM DEALER IN BAY CITY HAD LAST PHYSICAL POSSESSION OF MY VEHICLE (Said Cadillac / Deville / Fleetwood) If all or part of your claim is entitled to priority, complete item 5 PRIORITY FOR RECALL WARRANTY FOR [ABS] BRAKING SYSTEM		5 Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges [REDACTED]		Specify the priority of the claim
2 Basis for Claim FOR FAILURE OF ABS BRAKING SYSTEM Under SEVERAL Federal government RECALLS. (See instruction #2 on reverse side)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B)
3 Last four digits of any number by which creditor identifies debtor PLEASE CALL 1-800-414-9607 OR 1-866-790-5600 3a Debtor may have scheduled account as _____ AT GM ETC FOR THIS INFORMATION (See instruction #3a on reverse side)		<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4)
4 Secured Claim (See instruction #4 on reverse side) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information YES: UNDER NHSTA ATTN: CRD COMPLAINTS AT THE FEDERAL Government 1-202-366-0699		<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5)
Nature of property or right of setoff <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other [PHONE #] Describe _____		<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7)
Value of Property \$ _____ Annual Interest Rate _____ %		<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8)
Amount of arrearage and other charges as of time case filed included in secured claim,		<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(____)
if any \$ _____ Basis for perfection _____		Amount entitled to priority \$ _____
Amount of Secured Claim \$ _____ Amount Unsecured \$ _____		
6 Credits The amount of all payments on this claim has been credited for the purpose of making this proof of claim		
7 Documents Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side)		
DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING PLEASE CONTRACT NHSTA ATTN: CRD COMPLAINTS AT telephone #1-202-366-0699 If the documents are not available, please explain FOR DETAILED COPIES OF DOCUMENTS		
Date 11-20-2009	Signature The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any Marvin Echols	FOR COURT USE ONLY

Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

B 10 (Official Form 10) (12/08) – Cont

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances such as bankruptcy cases not filed voluntarily by the debtor there may be exceptions to these general rules.

Items to be completed in Proof of Claim form**Court, Name of Debtor, and Case Number**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1 Amount of Claim as of Date Case Filed

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2 Basis for Claim

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3 Last Four Digits of Any Number by Which Creditor Identifies Debtor

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a Debtor May Have Scheduled Account As

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4 Secured Claim

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of pertinent documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5 Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a)

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6 Credits

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7 Documents

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**INFORMATION****Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101(10).

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101(5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

Delivery
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09-16-2006
receipt of same
is in time - or new



EH 097871705 US

ORIGIN POSTAL SERVICE USE ONLY		
TO ZIP Code 48706	Day of Delivery <input checked="" type="checkbox"/> Next Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Postage \$ 16.50
Scheduled Date of Delivery Return Receipt Fee		
Date Acquired 9/25/06		
Mo. <input type="checkbox"/> Year 9/25/06	Month 9/26	AM \$ <input type="checkbox"/> 11 AM <input type="checkbox"/> 1 PM <input type="checkbox"/> 2 PM <input type="checkbox"/> 3 PM
S. Indicated Time of Delivery <input type="checkbox"/> C.O.D. Fee <input type="checkbox"/> Insurance Fee		
<input type="checkbox"/> Military <input type="checkbox"/> Total Postage & Fees \$ 16.50		
First Price of Weight <input checked="" type="checkbox"/> lbs <input type="checkbox"/> oz		
Int'l Mailing <input type="checkbox"/> Int'l C.R.C. <input type="checkbox"/> Accts plan on Exp. Int'l Accts		

FROM (PLEASE PRINT) PHONE: **989.529-3937**

MARVIN ECHOLS
P.O. BOX 2211
BAY CITY, MICH. 48707

FOR PICKUP OR TRACKING

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call 1-800-222-1811



Customer Copy
Label M-B March 2004

Post Office To Addressee

DELIVERY ATTEMPT	AM	Employer Info
Mo. Day	11 AM	11 AM
Delivery Attemp.	11 AM	Employer Info
Mo. Day	11 AM	11 AM
Delivery Date	11 AM	Employer Info
Mo. Day	11 AM	Employer Info

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PAYMENT BY ACCOUNT
Express Mail Corporate Acct No.

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature.
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee a signature constitutes valid proof of delivery.

NO DELIVERY
Weekend Holiday Mailed Signature

TO (PLEASE PRINT) PHONE: **202 306-0699**

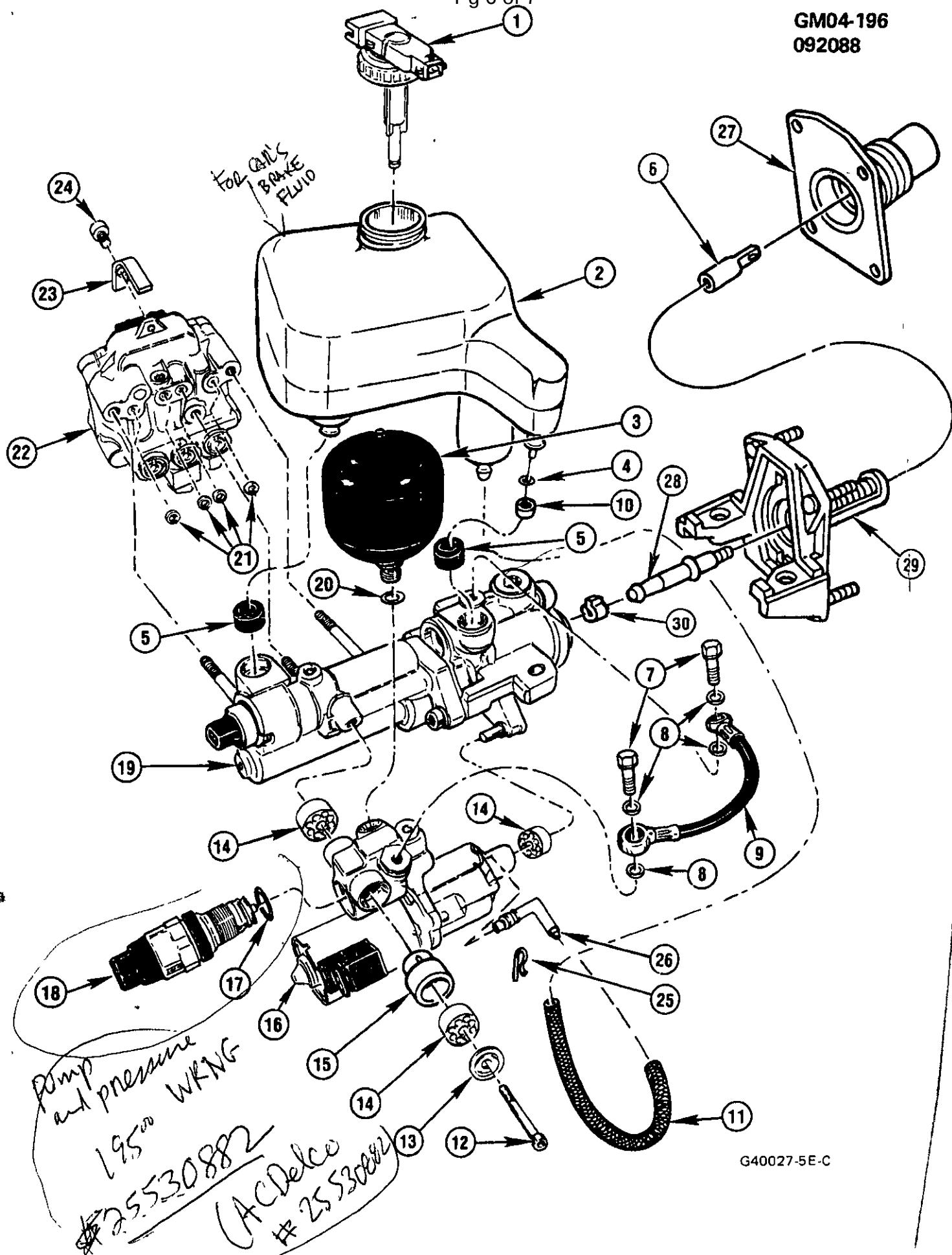
NHTSA
ATTN: CRD
1200 NEW JERSEY AVE S.E.
WASHINGTON D.C. 20590

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UNITED STATES POSTAL SERVICE®		Label 11-B March 2004															
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